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** CONTINUING DATA *****

This appln claims benefit of 60/464,181 04/21/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 7	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

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TITLE

Esophageal treatment arrangement

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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